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ABSTRACT

A questionnaire was mailed to 341 colleges and universities granting graduate degrees in reading to obtain information about the function and operation of their reading clinics. The concerns addressed include the function of the clinic, the type of clients served, the type of staff employed, the kinds of services offered, and the kind of funding used to operate the clinic. Two hundred forty-two responses were returned and analyzed. Among the findings are the following: (1) clinical experiences in reading education were provided by 87% of the respondents, but only 74% actually had a clinical facility within the university setting; (2) the most frequently served clients were elementary school students; (3) the clinics were staffed primarily by college faculty who served as full-time supervisors in 23% and part-time supervisors in 41% of the schools; (4) the services most frequently cited were the diagnosis of silent and oral reading proficiency, word recognition skills, and study skills; (5) client fees were charged by 57% of the colleges and universities; (6) the major function of the clinics was to provide service to the community; (7) lack of funding, lack of administrative support, and lack of someone in charge were the major obstacles to the effective operation of the clinic; (8) the most frequent response concerning future plans was to maintain the status quo; and (9) future plans included expansion in three areas: space, numbers of clients, and services. (HOD)

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A Report on College-based Reading Clinics: Where AreWe Going?

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Abstract

This paper indicates the current state-of-the-art of college-based reading clinics. It is based on a survey of 242 colleges and universities granting graduate degrees in reading. It discusses administrative concerns relating to types of clients, clinical staff, services, and funding. Implications for future development based on how institutions respond to these concerns are explored.

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A Report on College-based Reading Clinics: Where Are We Going?

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The need for college-based reading clinics is becoming increasingly apparent. The National Commission on Excellence in Education (1983) reports that 13% of all 17-year olds and up to 40% of minority youths in the United States are functionally illiterate (p.8). As school systems begin to feel the pressure to show the competence of their graduates, college-based reading clinics should be in a position to provide the additional diagnostic and remedial expertise needed. In addition, there is a movement to make teacher education programs more practically based so that there is some assurance that beginning teachers actually know how to teach as well as knowing theory.

However, many colleges and universities are not prepared to establish and maintain a reading clinic and it is clear that there are many administrative concerns about operating a university-based reading clinic. The study reported here is a beginning. Its purpose was to identify typical problems and ways in which existing clinics deal with them. Concerns addressed include: what the function of university-based reading clinics is currently perceived to be, what clients are served, what staff is employed, what services are offered, and how the operation of reading clinics is funded.

A questionnaire was mailed to all colleges and universities listed in Graduate Programs and Faculty in Reading (Blomenberg, 1983). Of the 341 questionnaires sent, 242 or 71% were returned and analyzed. Clinical experiences in reading education are provided by 87% (211) of the respondents, but only

74% (156) actually have a clinical facility within the university setting; however, 81% (171) have a resource materials room. All of the data reported here are from the 211 colleges and universities which reported they provided clinical experiences for their students. Of these, 30% (64) employ a full-time director and 49% (104), a part-time director.

The most frequently served clients are elementary school students, identified as clients by 81% (171) of the schools. Secondary school students are served by 72% (152), college students by 36% (75), adults by 34% (71), and preschoolers by only 19% (41) of the clinical schools.

College-based reading clinics appear to be staffed primarily by college faculty who serve as full-time supervisors in 23% (48) and part-time supervisors in 41% (86) of the schools. Part-time nonstudent diagnosticians are employed by 12% (28) and full time by only 4% (9) of the schools.

The services most frequently cited by the clinical schools are diagnosis of silent and oral reading proficiency (95%), word recognition skills (95%), and study skills (88%). Individual tutoring (89%) and small group instruction (71%) are the most common remedial services provided.

Client fees are charged by 57% (120) of the colleges and universities, with 8% (17) indicating that they are completely dependent on client fees for funding. Departmental and college funding were also each cited by over a third of the respondents.

The major function of college-based reading clinics appears to be to provide service to the community, cited by 70% (148) of

the colleges. Training teachers was identified as the major function by only 16% (34), and service to the public schools or children by only 9% (19).

Three major obstacles to the effective operation of a college-based reading clinic were identified, each by over a third of the respondents. These were: lack of funding, lack of administrative support, and lack of someone in charge. In fact, many respondents stated that they were expected to run their college's reading clinic in addition to their regular full-time responsibilities for teaching, advising, and other service and research activities and to do this with no budget for staff and a meager materials budget of a few hundred dollars per year.

It is not surprising that the most frequent response concerning future plans for reading clinics was "to maintain the status quo," identified by 14% (30). Respondents felt they would be lucky if they lost no ground in the budget cutting that seems to be almost universal in higher education today. Approximately 3% (6) of the respondents had lost the struggle to maintain their reading clinics and faced its elimination.

On the bright side, future plans included expansion in three areas: space, numbers of clients, and services, each identified by 13% (27) of the respondents. An additional 6% (13) stated that they were going to be given a definite space within their building to call the reading clinic. Computer equipment was also being added by 6% (13) of the responding clinics.

Respondents were asked what advice they would offer to those interested in starting up a reading clinic at their college or

university. The advice fell into five basic categories: funding, personnel. purpose, liaison, and facility. Funding advice was to get a separate, adequate budget. In terms of personnel, a full-time director to administer the clinic and an adequate number of support staff led the recommendations. Advice on purpose included setting up both short- and long-term goals and documenting needs by keeping records of services provided. Liaison recommendations were to involve the administrative level of the department and school as well as all of the reading faculty and key public school personnel in the planning and implementation of the reading clinic. Advice about the actual facility included: to get a separate, adequate facility; to visit other operating clinics in order to get ideas and inspiration; to develop a resource room and to stock it well with lots of current, interesting materials; and to start small and then expand.

Given this base of information about operating clinics, the question becomes, "Where are we going?" or perhaps more accurately, "Where should we go from here?" For the answer, the major issues raised in the study provide guidance: the function of a university-based reading clinic, what clients to serve, what staff to employ, what services to offer, and how to fund the operation of the clinic.

Purpose

There seemed to be a general concensus among the respondents that the perceived purpose of a college-based reading clinic is to serve the community. The problem then becomes one of defining

the community. It is probably obvious that more than the university should be included. Perhaps an appropriate definition of the community to be served by an individual clinic would be anyone within a normal commuting distance who has met other clinic identification requirements. This definition would of necessity expand the geographic area currently being served by clinics. However, if individuals are willing to be responsible for getting to the clinic for the services provided, city or even county boundaries should not exclude anyone from the help that a college-based reading clinic can provide.

Of equal importance to the perceived function of clinics should be the other function which is not readily admitted: the training of future educators. Colleges of Education need not be reticent about admitting that they are concerned with the quality and practicality of the instruction of their students, certainly not in light of the recent reports criticizing teacher education programs. Patients in clinics run by medical schools are openly notified that they are in a teaching center where students are learning their profession and that consideration should be given to the students because of their inexperience. Such a professional approach to reading clinics should allay any fears of offending the public by admitting that teaching is going on, and not just for the clients.

Clients

Elementary and secondary school students are currently served by the majority of college-based reading clinics. However, the trend appears to be to accept a more diverse client

population for two reasons. First, the need is there for diagnostic and remedial services for nontraditional clients such as preschoolers and adults. There is typically no other agency in most communities, especially rural areas, where nonstudent adults and parents of preschoolers can seek help. The second reason for increasing variety in the type of client served is to provide diverse teaching experiences for teachers in training. In line with this need for multidimensional experiences is the move to include nonremedial students in the client population served by college-based reading clinics. Typical of this new population are secondary students with average or above average ability who need to learn more efficient study habits and college-bound students who want a head start on college by learning how to cope with college classes and textbooks.

Staff

With expanded client populations, college-based reading clinics must expand staff. Undergraduate students taking classes in diagnosis or remediation or content area reading can easily be trained through involvement in a reading clinic. It is equally clear, however, that university faculty will not be able to take on the added supervisory duties alone. Graduate assistants who have been classroom teachers and are pursuing advanced degrees in reading, as well as in elementary, secondary, special, or gifted education, make excellent supervisors. It is frequently easier to convince a department chair or dean to provide stipends to several graduate assistants than to provide funds for hiring full-time clinical staff.

A faculty member cannot assume the duties of reading center director and be expected to fulfill full-time duties teaching, aovising, and doing research and service. A full-time director is imperative if a college-based reading clinic is to function as an integral part of the teacher education program and provide quality services to clients from the community. Of course one might argue that the size of the client population will determine if a full-time director is necessary. However, it is important to realize that unless a director has the time to devote to the development and operation of a clinic, it will never be anything but a minor operation with little effectiveness in the community.

A full-time director will still not be able to function effectively unless support staff are employed. These should include at least a part-time clerical who can serve as receptionist, typist, and filing clerk. If a resource room is to be part of the clinic operation, as it almost must be, then a librarian is needed to order and catlog materials and to assist students in choosing appropriate materials for their work in the clinic. If the number of clients far exceeds the number of undergraduate and graduate students working in the clinic, it may be necessary to hire part-time, or even full-time nonstudent diagnosticians to work in the clinic. If there is no budget for additional staff, it may be possible to hire on a per-hour basis with a percentage of the client's fee being used to pay the salary of the diagnostician. University communities are usually fortunate to have large numbers of certified teachers available either full- or part-time. These individuals are an excellent

source of clinical help.

Services

If the client population expands, then the amount and kinds of services offered should expand. Actually, when additional services are offered and this information is made known to the community, then the type as well as the number of clients will naturally expand to take advantage of the services offered. Additional services which may be offered include small group instruction in study skills and reading improvement for average and above average students, small group classes in "How to study in college" for college-bound students, counseling for remedial readers and their parents, community outreach programs for disadvantaged preschoolers, and literacy tutoring for adults.

Funding

The most difficult issue to consider is the funding of the operation of the reading clinic. If a department chair or dean cannot be convinced of the necessity of a college-based reading clinic to enhance the undergraduate and graduate programs at the school and to provide service to the community for the good will it will produce, then alternative sources of funding must be found. If the operation of the clinic is completely dependent on the funds generated by fees for services, then the effectiveness of the clinic will be limited because a large percentage of potential clients cannot afford the services. One possible solution is to develop a sliding scale of fees based upon the ability to pay. However, clinics that have used this approach find that there are numerous administrative problems, as people

attempt to find ways to avoid the fees and the clinic director is forced to demand verification of need. The adversarial relationship that develops is not conducive to good clinic-parent interaction, which is important to the success of clinical intervention.

If it is not necessary that client fees support the clinic, then a small clerical or processing fee may be charged to everyone. Many clinics find this effective since some people find it difficult to appreciate a free service. In addition, many clinics are not comfortble with the idea of charging for any diagnosis, remediation, or tutoring done by unskilled undergraduates. A simple solution is to charge a clerical or processing fee.

Other sources of operating funds are in-house grants often awarded by universities as seed funds to establish programs. Many of these are continuing, but if not, once the clinic has been established, alumni associations, retired faculty, and local philanthropists and corporations may help in setting up endowments to provide funds for the operation of a reading clinic.

In summary, university-based reading clinics are a vital part of educational institutions. They have the potential to contribute numerous services to their university, to the public, to schools and school personnel, to future teachers, and especially to their clients. These clinics, however, face tremendous problems if university administrators are not committed to funding their operation at a level which will allow

quality services to be provided to their students and clients. As professional reading educators we must support college-based reading clinics and work to see that these valuable agencies thrive and grow.

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